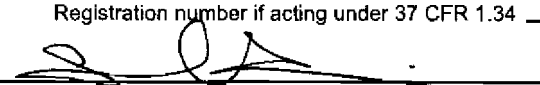


| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Docket Number (Optional)<br>125708-00115  |                         |                |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------|----------------|-------------------------|--|--------------------------------------------------------|-------|------|----------|---------------------------------------------------------|-------|-------|----------|-----------------------------------------------------------|--------|-------|----------|----------------------------------------------------------|--------|-------|----------|---------------------------------------------------------------------|--------|--------|----------------|
| Application Number 125708-00115                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Filed September 24, 2003                  |                         |                |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |                |
| For Method for Making a Multilumen Catheter Assembly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                         |                |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |                |
| Art Unit 3761                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Examiner Hand, Melanie Jo                 |                         |                |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |                |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                         |                |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |                |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           |                         |                |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |                |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%; text-align: center;"><u>Fee</u></th> <th style="width: 15%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$130</td> <td style="text-align: center;">\$65</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$490</td> <td style="text-align: center;">\$245</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1110</td> <td style="text-align: center;">\$555</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1730</td> <td style="text-align: center;">\$865</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2350</td> <td style="text-align: center;">\$1175</td> <td style="text-align: center;">\$ <u>2350</u></td> </tr> </tbody> </table> |                                           |                         | <u>Fee</u>     | <u>Small Entity Fee</u> |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130 | \$65 | \$ _____ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$490 | \$245 | \$ _____ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555 | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865 | \$ _____ | <input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175 | \$ <u>2350</u> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>Fee</u>                                | <u>Small Entity Fee</u> |                |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |                |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$130                                     | \$65                    | \$ _____       |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |                |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$490                                     | \$245                   | \$ _____       |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |                |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$1110                                    | \$555                   | \$ _____       |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |                |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$1730                                    | \$865                   | \$ _____       |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |                |
| <input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$2350                                    | \$1175                  | \$ <u>2350</u> |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |                |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           |                         |                |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |                |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                         |                |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |                |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                         |                |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |                |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                         |                |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |                |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>022555</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                         |                |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |                |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                         |                |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |                |
| I am the <input type="checkbox"/> applicant/inventor.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |                         |                |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |                |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                         |                |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |                |
| Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                           |                         |                |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |                |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>58,132</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                         |                |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |                |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                         |                |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |                |
| Registration number if acting under 37 CFR 1.34 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |                         |                |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |                |
| <br>_____<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | May 28, 2009<br>_____<br>Date             |                         |                |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |                |
| Shawn Li<br>_____<br>Typed or printed name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 215-569-6993<br>_____<br>Telephone Number |                         |                |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |                |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |                         |                |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |                |
| <input type="checkbox"/> Total of _____ forms are submitted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                           |                         |                |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |                |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.